

## **Application Data Sheet**

### **Application Information**

Application number::	TBD
Filing Date::	03/02/2005
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PHARMACEUTICAL COMPOSITION OF METAXALONE WITH ENHANCED ORAL BIOAVAILABILITY
Attorney Docket Number::	006420.00004
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Nitin
Middle Name::	Bhalachandra
Family Name::	DHARMADHIKARI
Name Suffix::	
City of Residence::	Mumbai
State or Province of Residence::	Maharashtra
Country of Residence::	India
Street of mailing address::	c/o Sun Pharmaceutical Industries Ltd. 17/B Mahal Industrial Estate Off. Mahakali Caves Road Andheri (East)
City of mailing address::	Mumbai
State or Province of mailing address::	Maharashtra
Country of mailing address::	India
Postal or Zip Code of mailing address::	400093
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Ashish
Middle Name::	Prabhakar
Family Name::	MUNGRE
Name Suffix::	
City of Residence::	Mumbai
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City of mailing address::	Mumbai
State or Province of mailing address::	Maharashtra
Country of mailing address::	India
Postal or Zip Code of mailing address::	400093
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Yashoraj
Middle Name::	Rupsinh
Family Name::	ZALA
Name Suffix::	
City of Residence::	Mumbai
State or Province of Residence::	Maharashtra
Country of Residence::	India
Street of mailing address::	c/o Sun Pharmaceutical Industries Ltd. 17/B Mahal Industrial Estate Off. Mahakali Caves Road Andheri (East)
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Country of mailing address::	India
Postal or Zip Code of mailing address::	400093

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
India	790/MUM/2002	09/02/2002	Yes
PCT	PCT/IN2003/000294	09/02/2003	Yes

### Assignee Information

Assignee name:: Sun Pharmaceutical Industries Ltd.

Street of mailing address:: Acme Plaza, Andheri Kurla Road  
Andheri (East)

City of mailing address:: Mumbai

State or Province of mailing address:: Maharashtra

Country of mailing address:: India

Postal or Zip Code of mailing address:: 400 059